

WASTE MANAGEMENT PLAN CERTIFICATION FORM

I, the undersigned, do hereby certify that a Waste Management Plan for the livestock management facility named below has been prepared in accordance with the requirements of the Livestock Management Facilities Act [510 ILCS 77/1 et seq.] and the rules promulgated thereunder.

Livestock Manag	gement Facility Info	rmation:		
Facility Name: _				
Company:				
Address:				
Phone:	/			
Total # of Anima	l Units:	Sp	ecies:	
Owner/Operator	r Information:			
Facility Name: _				
Company:				
Address:				
Phone:				
Waste Managem	nent Plan Location:			
Signature of Owner	r or Operator	· · · · · · · · · · · · · · · · · · ·	Date	